

St. Louis City Board of Election Commissioners

REQUEST FOR MISSOURI MAIL-IN BALLOT

ALL MAIL-IN BALLOTS MUST BE NOTARIZED.

I, _____, do hereby request a mail-in ballot for the
 Printed name

_____ Election under Section 115.302, RSMo.
 Election Date

For identification purposes: Date of Birth (MM/DD/YY) _____ or last four digits of Social Security number _____

If this is a primary election, circle the name of the political party ballot you wish to receive: _____

Democratic Republican Green Libertarian Constitution Non-Partisan (Issues Only)

Address where I am registered to vote: Home address

 (Street Address)

 (City, State, Zip Code)

Address where ballot is to be mailed

 (Street Address or PO Box)

 (City, State, Zip Code)

Telephone number: _____
 (Include Area Code)

Email address: _____

I do solemnly swear that all statements made on this application are true to the best of my knowledge and belief.

Signature of Voter

 Date

Signature of person assisting voter (if applicable) _____ Relationship to Voter _____ Date _____

Mail this completed form to the **address below**. Missouri law requires that requests for mail-in ballots must be received by 5:00 p.m. on the second Wednesday prior to Election Day. If you registered by mail and this is your first time voting, you must provide a copy of either: (1) an ID issued by the Federal Government, state of Missouri, or a local election authority; (2) ID issued by a Missouri institution (public or private) of higher education; or (3) a current utility bill, bank statement, paycheck, government check or other government document that contains your name and address.

THIS FORM MUST BE DELIVERED TO OUR OFFICE IN PERSON OR BY MAIL ONLY

§§ 115.277, 115.302, 115.427
 PL 107-252

St. Louis City Board of Election Commissioners
300 N. Tucker Blvd. • St. Louis, MO 63101
(314) 622-3230

(6/2020)

**THIS APPLICATION MUST BE RECEIVED IN OUR OFFICE BY THE
 SECOND WEDNESDAY PRIOR TO THE ELECTION BY 5:00 P.M.**